

# MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10718403

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		4				
6		4				
7		4				
8		4				
9		4				
10		4				
11		4				
12		4				
13		4				
14		4				
15		4				
16		4				
17		4				
18		4				
19		4				
20		1				
21		4				
22		4				
23		4				
24		4				
25	1					
26		1				
27		1				
28		1				
29		1				
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46						
47						
48						
49						
50						
TOTAL IND.	2					
TOTAL DEP.	21					
TOTAL CLAIMS	23					

	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
54						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						